PULLMAN FIRE DEPARTMENT

RESERVE FIREFIGHTER APPLICATION

Reserve Application.doc Updated 5-7-09

DATE RETURNED

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MINIMUM REQUIREMENTS

Provide <u>a minimum of three (3) years</u> service to the department, spend the <u>first summer</u> in Pullman attending recruit training and submit a satisfactory driving record.

PROCEDURE

Submit a completed application by specified date in mid September, pass a written exam with a score of 70% or greater, pass a physical agility test, be selected by the oral interview committee, pass a background check and a medical physical exam.

Please print or	type. Complete all sections. Use additional paper if needed.
NAME (last, firs	st, MI.)
ADDRESS	
CITY, STATE, Z	IP
PHONE (home) _	(business)
	EDUCATION
	Include: Name and location of school, major, and if graduated.
HIGH SCHOOL	
COLLEGE	
BUSINESS, TRA	DE
	WORK EXPERIENCE
three relevant emp	name and address, immediate supervisor, type of work and duties, length of service - list the last ployment positions beginning with the latest and/or current employment.
3	

LIST FIRE, EMS, RESCUE QUALIFICATIONS AND CERTIFICATIONS

(INCLUDE DATES OF CERTIFICATION)

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3			
		DEFEDENC	TO C
List throa	parsons familiar with wo	REFERENC ur qualifications and abilities. P	
List tillee	persons familiar with yo	ur quarmeations and abilities. The	lease don't utilize leiatives.
	Name	Address	Phone Number
1			
2			
3			
			ng actions that may hinder you from meeting
	e or performance require NO		
•	ave any disease, illness, s pplied for?	sensory, or physical limitation wh	ich could prevent the proper performance of the
		COMMENTS	
List all dai	iving offenses (convictio	no ovolvdino nodrino violetione	you have received in the most three years. List
	rving offenses (convicted ase, and location.	ms - excluding parking violations	you have received in the past three years. List
	been convicted of a felo the city, charge, date, ar		st seven year? Yes No
	the city, charge, date, an	u the disposition.	
Drivers Li	icense Number:		State:
Do vou au	ithorize a background sta	atus check from appropriate juris	dictions for the purpose of processing your
	n? YES	NO	decions for the purpose of processing your
Do vou no	armit this department to	contact your former and/or curren	at amplayors and/or supervisors concerning your
work reco			nt employers and/or supervisors concerning your
CT ATEM	TNT I		
			ication (and attachments, if any made) are true to icated) by the department. I have read the
General In	nformation Sheet which	was attached to this application for	orm and understand the minimum requirements,
			ned therein. If my status changes with regard to
			the position applied for, I will inform and advise contingent upon the accuracy of this information.
1		1 7	
Signature	of applicant		Date

Attach a copy of your driving abstract (3 years).